ENVIRONMENTAL ASSESSMENT QUESTIONNAIRE FACILITY NAME: _____ FACILITY ID#: _____ YOUR NAME: _____ DATE: _____ DESCRIPTION OF PROPOSED PROJECTS: (What you are planning to do.) DESCRIPTION OF THE BENEFITS AND PURPOSE OF THE PROPOSED ACTION: (Why are you doing this project?) PHYSICAL ENVIRONMENT: (Answer each question to the best of your knowledge. Explain any "Yes" answer on a separate sheet of paper.) 1. TOPOGRAPHY: Are there unusual geologic features? Yes No 2. GEOLOGY AND SOIL QUALITY, STABILITY AND MOISTURE: Are fragile, compactible or unstable soils present? Yes No Are there special reclamation considerations? Yes No 3. WATER QUALITY, QUANTITY AND DISTRIBUTION: Are important surface or groundwater resources present?..... Yes No Is there potential for violation of ambient water quality standards, drinking water maximum contaminant levels, or degradation of water quality? No 4. AIR QUALITY: Will pollutants or particulate be produced? No Is the project influenced by air quality regulations or zones (Class I airshed)? Yes No DEMANDS ON ENVIRONMENTAL RESOURCES OF LAND, WATER, AIR OR ENERGY: Will the project use resources that are limited in the area? Yes No Are there other activities nearby that will affect the project?..... Yes No 6. IMPACTS ON OTHER ENVIRONMENTAL RESOURCES: Are their other studies, plans or projects on this tract?.... Yes No 7. TERRESTRIAL, AVIAN AND AQUATIC LIFE AND HABITATS: Is there substantial use of the area by important wildlife, birds, or fish? Yes No 8. VEGETATION COVER, QUANTITY AND QUALITY: Will vegetative communities be permanently altered? Yes No Are any rare plants or cover types present? Yes No 9. <u>UNIQUE, ENDANGERED, FRAGILE OR LIMITED ENVIRONMENTAL RES</u>OURCES: Are any federally listed threatened or endangered species or identified habitat present? Yes No Any wetlands? Yes No Any species of special concern? Yes No 10. HISTORICAL AND ARCHEOLOGICAL SITE: Are any historical, archeological or paleontological resources present? No

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11. ASTHETICS: Is the project on a prominent topographical feature? Will it be visible from populated or scenic areas? Will there be excessive noise, light or odors?	Yes Yes Yes	No No No
12. AGRICULTURE: Will grazing lands, irrigation waters or crop production be affected?	Yes	No
HUMAN ENVIRONMENT:		
SOCIAL STRUCTURES AND MORES: Is some disruption of native or traditional lifestyles or communities possible?	Yes	No
CULTURAL UNIQUENESS AND DIVERSITY: Will the action cause a shift in some unique quality of the area?	Yes	No
3. <u>DENSITY AND DISTRIBUTION OR POPULATION AND HOUSING</u> :		
Will the project add to the population and require additional housing?	Yes	No
4. <u>HUMAN HEALTH AND SAFETY</u> : Will this project add to health and safety risks in the area?	Yes	No
5. COMMUNITY AND PERSONAL INCOME: Will the facility generate or degrade income?	Yes	No
6. QUANTITY AND DISTRIBUTION OF EMPLOYMENT: Will the project create, move or eliminate jobs?	Yes	No
7. LOCAL AND STATE TAX BASE REVENUES: Will the project create or eliminate tax revenue?	Yes	No
8. <u>DEMAND FOR GOVERNMENT SERVICES</u> : Will substantial traffic be added to existing roads? Will other services (fire protection, police, schools, etc.) be needed?	Yes Yes	No No
9. INDUSTRIAL, COMMERCIAL AND AGRICULTURAL ACTIVITIES AND PRODUCTION: Will the project add to or alter these activities?	Yes	No
10. ACCESS TO AND QUALITY OF RECREATIONAL AND WILDERNESS ACTIVITIES:		
Are wilderness or recreational areas nearby or accessed through this tract?	Yes Yes	No No
11. LOCALLY ADOPTED ENVIRONMENTAL PLANS AND GOALS:		
Are there state, county, city, USFS, BLM, tribal, zoning or management plans in effect?	Yes	No
12. TRANSPORTATION: Will the project affect local transportation networks and traffic flows?	Yes	No
13. <u>PUBLIC INVOLVEMENT</u> : Describe how you think the public might become involved:		

14. <u>ALTERNATIVES CONSIDERED</u>: List any alternatives to this project:

FOR STATE USE ONLY		
EA Questionnaire Reviewed		
EA Not Required EA Required		
Reviewer	Date	

certify that the information presented above is accura	ate
and complete to the best of my knowledge.	

Signature	Date

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